Scottish Hospitals Inquiry Witness Statement of Mark Baird

I, Mark Baird, will say as follows:-

1. The facts and matters set out in this witness statement are within my own knowledge unless otherwise stated, and I believe them to be true to the best of my recollection.

2. This witness statement was prepared with the assistance of the solicitors for Currie & Brown UK Limited ("Currie & Brown"), Keoghs LLP, following Teams calls to discuss my response to the Glasgow IV Questionnaire issued by the Inquiry on 27 January 2025 and supplemental questions issued by the Inquiry on 1 April 2025, but it is in my own words and sets out my recollection and understanding.

3. I refer to the project to design and construct the QEUH/RHC as the "Project" and I refer to NHS Greater Glasgow & Clyde as the "Board" or "NHS GGC" throughout this witness statement.

4. I refer to the building contractor now known as Multiplex Construction Europe as "Multiplex" and not by its earlier names.

5. Where I refer to information supplied to me by other people, the source of the information is identified; facts and matters derived from other sources are true to the best of my knowledge and belief.

Personal Details, Professional Background and Experience

6. I am a Chartered Surveyor and Member of the Royal Institution of Chartered Surveyors (MRICS) (1997). I qualified from Glasgow Caledonian University with a BSC (Hons) in Quantity Surveying in 1995. I also graduated from Strathclyde University with a Masters Degree in Construction Law in 2000. A copy of my up to date CV is attached.

7. I joined Currie & Brown as a graduate in 1996 and remained with the company until I left at the end of June 2024. At the time I was involved in the Project, I was a Divisional Director with Currie & Brown and, as I explain in more detail below, my role focused on oversight of the production of the Employer's Requirements ("ERs") and establishing and agreeing procurement timeline and activities with the Board. My involvement with the Project ended in December 2010. I moved to the Middle East with Currie & Brown in 2018 and left the employment of Currie & Brown at the end of June 2024.

8. At the time of the Project, I had established a range of experience dealing with healthcare projects such as Crosshouse Major Renovations (Kilmarnock), Wishaw District General, Cumberland Infirmary, Easter Ross, Balivanich, Forth Valley Forensic Network (Gartnavel low secure, Stobhill medium secure and Carstairs special secure), A&E Upgrade (Southern General), Neurosurgery Block (Southern General), Midlothian Community Hospital, St Helens LIFT, Wigan LIFT, Dykebar Hospital, Hawkhead Hospital, Alder Hey Hospital, McKinnon House, Stobhill.

9. Currie & Brown was appointed by NHS GGC as Lead Consultant for the Project in 2008, initially to provide consultancy services to support with the design and build of the Project. Currie & Brown's role became more limited in 2010 (please see paragraphs 103 - 109 below).

10. During my involvement in the Project, I worked alongside the NHS GGC Project Team, working mostly with Alan Seabourne (Project Director) and Peter Moir (Head of Major/Capital Projects), together with Frances Wrath (Project Manager), Hugh McDermott (Project Manager), Heather Griffin (Project Manager – New Adult Hospital), Mhairi McLeod (Project Manager – New Children's Hospital), and Karen Connolly (Facilities Project Manager). From time to time I was also involved in meetings which included individuals from NHS GGC Estates (operational managers of live sites), for example there would be liaison with Brian Gillespie in Estates on various issues such as resilience in operating theatres and the practicalities of layouts. I had a good working relationship with the NHS GGC Project Team.

11. My line manager at Currie & Brown was Jim Hackett. I would discuss matters with David Hall on a day-to-day basis and also ensure that Douglas Ross of Currie & Brown was aware of our status and progress.

12. In very broad terms, my involvement in the Project spanned the following key stages:

Date	Phase of the Project
September 2008 to April 2009	Initial pre-design stage. Development of the tender documents including the ERs and Exemplar Design.
April 2009 to August 2009	Three bidders – Balfour Beatty, Multiplex and Laing O'Rourke – were issued with an Invitation to Participate in Competitive Dialogue (ITPCD) on or around 11 May 2009. Competitive Dialogue following issue of the ITPCD. Competitive Dialogue Meetings took place with each bidder between June and August 2009. This was a process for the bidders to engage with the Board to fully understand the Board's requirements and develop their bids.
Date	**Phase of the Project**

September 2009 to November 2009	Invitation to Submit Final Bids (ISFB) and Bid Evaluation. The three shortlisted bidders submitted their tenders on or around 11 September 2009. Each bid was then evaluated, with the process split into technical design, logistics and commercial workstreams, generating an overall scoring against the Most Economically Advantageous Tender ("MEAT") scoring methodology.
November 2009 to December 2009	Preferred Bidder Stage. The outcome of the Bid Evaluation process was that Multiplex was the preferred bidder. Thereafter, there was a period of contractual negotiations between Multiplex and the Board.
18 December 2009	The Contract was awarded to Multiplex to carry out the one-year design development stage.
December 2009 to December 2010	The Board and Multiplex entered into a year of design development and refinement. The Full Business Case (a detailed document justifying the investment in the Project) was submitted by the Board to the Scottish Government in October 2010. On 16 December 2010, the Board signed the authorisation to proceed to construction.

13. From September 2008 to December 2009, I worked on the Project largely full-time. From January 2010 until December 2010, I spent two days a week on the Project.

Initial Pre-design Stage - September 2008 to April 2009

14. Currie & Brown was appointed directly by NHS GGC in around September 2008 initially to provide consultancy services for the pre-construction phase of the Project (referred to as Stage 1A).

15. This followed a tender process where NHS GGC issued an Invitation to Tender for the "Agreement for the Appointment of a Lead Consultant and Technical Team" ("the Invitation to Tender") (**Bundle 17, Document No. 36, Page 1814**), together with a draft Memorandum of Understanding (see below). Currie & Brown responded with a tender submission on 6 August 2008 (**Bundle 17, Document No. 37, Page 1901**) which was accepted by NHS GGC.

16. I was heavily involved in preparing Currie & Brown's bid submission and presentation, although I did not present at the interview that took place with NHS GGC which was part of their selection process for the Lead Consultant role. I was involved in coordinating Currie & Brown's response and ensuring that the information was presented appropriately in the tender submission.

17. Further to what I have set out above, I have been asked in the supplemental questions issued by the Inquiry on 1 April 2025 to describe my "understanding of Currie & Brown's role as Lead Consultant/Employer's Agent/contract Administrator" and to set out my duties and responsibilities.

18. During the initial pre-design stage in 2008 to 2009 the intention was that Currie & Brown, using its own team of technical advisory sub-consultants (which I discuss further below at paragraph 21), would eventually take on the full role as Lead Consultant, Employer's Agent and Contract Administrator during the design and construction stage of the project once the Building Contract was awarded. However, as described at paragraph 9 above, Currie & Brown's role

and remit changed as the Project entered the Design and Construction stage, after the award of the Building Contract to Multiplex on 18 December 2009. As a result of this change Currie and Brown never took any of the formal roles of Lead Consultant, Employer's Agent, or Contract Administrator during the design and construction stage of the project.

19. Currie & Brown's role during the initial pre-design stage in 2008 to 2009 included establishing the workstreams to prepare the Project for the forthcoming procurement process, working jointly with the Board and their other advisors, such as their solicitors Shepherd and Wedderburn. Currie & Brown undertook quantity surveying and commercial activities as well as project managing its own team of technical advisory sub-consultants (which I discuss further below at paragraph 21).

20. As I set out below, my role during the initial pre-design stage in 2008 to 2009 primarily focused on co-ordinating the preparation of the Invitation to Participate in Competitive Dialogue (ITPCD), and the documents contained therein, such as the Employers' Requirements (ERs).

21. At the initial pre-design stage in 2008 to 2009, it was intended that Currie & Brown would act as the Lead Consultant and that, together with its technical team, it would undertake the full role of Employer's Agent and Contract Administrator during the project, although ultimately, Currie & Brown did not provide these services (for the reasons I explain below). Currie & Brown duly appointed a team of technical advisory sub-consultants (the "Technical Team"), consisting of the following:

    21.1 Buchan Associates who were Medical Planners ("Buchan");

    21.2 HLM Architects ("HLM") who were Architects for Adult Hospital Exemplar Design;

    21.3 BMJ Architects ("BMJ") who were Architects for Children's Hospital Exemplar Design;

21.4 Wallace Whittle who were M&E Engineers; and

21.5 URS (now AECOM) who were Civil & Structural Engineers.

Employer's Requirements

22. Currie & Brown's role in the initial pre-design phase of the Project (in September 2008 to April 2009) was to provide technical support to NHS GGC, including assisting with the preparation of the ERs, through its Technical Team. This role continued up to and including the competitive tender process for the award of the Building Contract, which commenced in April 2009.

23. The ERs were a document (including written information, tables, designs on 1:500 scale, room layouts) which set out NHS GGC's objectives, expectations, specifications and performance requirements for the Project.

24. Currie & Brown, together with its Technical Team, worked collaboratively with key NHS GGC stakeholders such as clinical staff and the Estates teams to develop the ERs.

25. I have been asked to explain the process by which the ERs were developed. At the outset Currie & Brown's Technical Team collaborated with the Board's Project Team to determine the format, structure and layout that the ER documents would take. Initial drafts were then prepared by the members of Currie & Brown's Technical Team with the appropriate discipline, for example, HLM prepared the architectural elements, Wallace Whittle prepared the mechanical and electrical engineering elements, URS prepared the geotechnical and structural elements. Development of these initial drafts was an iterative process with initial drafts being reviewed and revised, either at meetings which had been arranged to discuss the drafts, or via email exchanges, on an ongoing basis until a final draft was agreed by Currie & Brown's Technical Team together with the Board's Project Team. Clinical user groups established by the Board, and appropriate

external parties, such as the Local Authority, Police and Fire & Rescue services, were engaged and consulted as part of the review process.

26. My role was to coordinate the project management of the development of the ERs. Once the ERs were at the stage where the Project Team considered them to be finalised and ready for approval, they were approved at a senior level within the Board, although I was not involved in that process.

27. My role was focused on co-ordinating the preparation of the Invitation to Participate in Competitive Dialogue (ITPCD) of which the ERs were a significant component.

28. I have been asked to explain why the ERs were a significant component of the ITPCD. It is standard construction practice for the employer to set out their requirements clearly at the outset to ensure that the project meets their needs. The ERs identify (through written narrative and drawings) what the employer (in this case the Board) wishes to buy. This allows potential bidders to develop their bid and respond to the employer with their bid offer.

29. During the compilation of the ERs there was a range of discussions around how to capture and articulate information, as well as gathering of information about the Board's requirements. The Board's requirements included, for example, departmental adjacencies, travel times, lines of sight (bedrooms) and facilities management.

30. I have been asked to explain how the information was captured and articulated. The information was captured by Currie & Brown's Technical Team via consultation with the Board as the client. This was obtained through meetings with clinical user groups, discussions with NHS Estates team members and discussions with the Board's Project Team. For example, departmental adjacencies were determined with the Board's Project Team and the clinical user groups and informed the layout of the plans of the exemplar design which was included in the ERs, so the individuals who were selected by the Board to form

the clinical user groups were consulted and provided the input and direction to develop such requirements.

31. As for our Technical Team, HLM prepared an exemplar masterplan, various layouts, room data sheets and an equipment list. Buchan developed a Schedule of Accommodation. Wallace Whittle developed an outline mechanical and engineering design. URS developed an outline structural engineering strategy and civil engineering strategy.

32. I have been asked who was responsible for confirming what the relevant NHS Guidance was for the Project. HLM, BMJ, Wallace Whittle and URS each produced their list of guidance that they considered relevant to their particular discipline. For example, HLM produced a list of guidance for architecture and Wallace Whittle produced a list of guidance for Mechanical and Electrical Engineering. The lists were then reviewed by the Board's Project Team. Frances Wrath and Peter Moir led that review by the Board. I had no technical involvement in providing or reviewing the relevant NHS Guidance for the Project. My role was to assist with the collation of the final list of guidance for use in the ERs.

33. I have been asked whether SHTM 03.01 was included in the list of guidance. As this was many years ago and I do not have access to the documents, I am unable to confirm this, but I believe it to be the case as it was a reference point in the information that was referred to (see below).

Technical Review Group

34. The Technical Review Group was a work group the purpose of which was to address and resolve any ongoing technical issues in the preparation of the ERs. The Technical Review Group included David Hall and myself from Currie & Brown, Peter Moir (NHS GGC), Steve Allan (HLM), Graham Annandale (URS), John Bushfield (Wallace Whittle), Stewart McKechnie (Wallace Whittle) and Bob Menzies (BMJ).

35. My role in the Technical Review Group meetings was to coordinate the activity of the group and record the outcome of our meetings. I had no design advisory role because I was not qualified to provide design related technical advice and that was not my (nor Currie & Brown's) remit.

36. I have been asked to explain how I coordinated the activity of the group when the design of the Project was being considered. I performed a project management role to keep information and communications flowing between the group. I organised meetings, recorded assigned actions and followed up on actions to ensure that they were resolved. I was not the chair of this group and cannot recall whether the group had a formal chair or not, although the group did include a range of designers plus representation from the Board (Peter Moir).

37. Compliance with Scottish Health Technical Memoranda ("SHTMs") and Health Technical Memoranda ("HTMs") was a standing agenda item at the Technical Review Group meetings. This reflected the fact that SHTM/HTM compliance was an important feature to facilitate NHS GGC expressing the standards that they required. Frances Wrath of NHS GGC in particular had a lot of input into the completed list of guidelines to be included in the ERs as she had a lot of knowledge of the guidelines. I have been asked whether I was aware that Frances Wrath was a Quantity Surveyor and had no experience in advising on guidelines. I understood that Frances had either a Quantity Surveying or Building Surveying background. I also understood that Frances had worked for the NHS for many years, been involved in many projects for the NHS and had a working knowledge of the guidelines e.g. an awareness of whether particular guidelines were being reviewed by HFS (for updates) for example. Peter Moir was an architect by background. Frances and Peter were the conduit for guidelines and were able to access and talk to HFS regarding drafts and liaise with NHS colleagues with regard to guidelines.

38. I have been asked about the minutes of the meetings of the Technical Review Group on 30 January 2009 and 13 February 2009 (**Bundle 17, documents 42 and 43**). To the best of my recollection, I ran the meeting on 30 January 2009 and prepared the minutes. Agenda Item 2.0 was "clarification of importance and

standing of ERs" and detailed the discussion on this issue and agreed action. Agenda Item 4.0 was "Compliance (SHTMs/HTMs)" and detailed the discussion and two agreed Board actions on the issue. The minutes show that the importance and standing of the ERs was discussed. From my perspective, one of the purposes of the meeting on 30 January 2009 was to reinforce to everyone present that the ERs articulated the Board's requirements and were the minimum standards that were to be met by bidders/the contractor. The minutes also show that compliance with SHTMs/HTMs was discussed.

39. To the best of my recollection, I also prepared the minutes of the meeting on 13 February 2009. My drafting format for the meeting minutes was to add additional columns after the previous meeting's discussion and actions to allow for an update to be provided and the progression of agenda items to be tracked through to progression when reading the minutes from left to right.

40. Item 4.0 of the minutes record various actions for the Board, HLM and Wallace Whittle to undertake in terms of compiling the relevant SHTMs/HTMs for insertion into the ERs. Wallace Whittle was to "issue post-meeting the narrative on particular M&E related SHTM/HTMs (this was previously issued to the Board but not the design/TA team." The minutes show that the group were working progressively through issues and activities, and how actions were raised, monitored and closed out. The minutes of the meeting on 13 February 2009 record the 'Minute/Action' from the previous meeting on 30 January 2009, how this action point was progressed on 13 February 2009 and what needed to be done next and by whom.

Exemplar Design

41. The ERs and the Exemplar Design go hand in hand. An exemplar design is a reference design created during the early stages of a project to demonstrate feasibility, set design standards, and guide future development. The exemplar design is used in the ERs to give bidders a clear design intent while allowing flexibility for contractors. An exemplar design includes concept drawings and site layouts, design standards and specifications, space planning and functional

requirements, preliminary structural and M&E strategies and sustainability and energy efficiency considerations. The exemplar design forms part of the ERs, allowing bidders to develop their own solutions within certain stipulated parameters.

42. Wallace Whittle prepared the M&E information to be included in the ERs and the Exemplar Design for the Project. Stewart McKechnie and John Bushfield of Wallace Whittle were the leads and they represented Wallace Whittle at Project meetings.

43. The Exemplar Design was the basis for capturing the Board's requirements and assessing bid returns against and it was therefore a very important element of the tender process. The Exemplar Design served as the baseline to assess compliance of tenders, with the contractor's own final design superseding the Exemplar Design through the design development process.

Clinical Output Specifications

44. My understanding is that Clinical Output Specifications ("COSs") specify how spaces should function for patient care, staff workflows and infection control. My understanding is that the purpose of COSs is to ensure that the hospital facility supports the clinical needs and meets healthcare requirements.

45. The purpose of the ERs is to capture the building requirements whereas the COSs capture clinical requirements; the two are put together to provide the required solution.

46. The COSs were prepared by various department-specific stakeholder user groups, for example Accident & Emergency, Imaging, and Physiotherapy. A number of people were involved in providing the requirements for inclusion in the COSs. From a technical perspective, Iain Buchan of Buchan Associates was involved. Iain Buchan was a former nurse and healthcare planner. Architects from BMJ and HLM were also involved.

47. The Board put the stakeholder groups together. As I could not add to these meetings from a technical perspective, I did not attend any of the user groups and was instead provided with the finalised COSs from each group for inclusion in the relevant volume/section of the ITPCD in the ERs.

48. I recall there being a number of different user groups across both the Adult and Children's Hospitals. My understanding is that all of the different user groups signed the COSs off.

BREEAM, Sustainability and Energy Targets

49. I recall BREEAM being discussed during the Technical Review Group meetings. The Board engaged an advisor, Susan Logan, to provide support in relation to BREEAM and my understanding is that she discussed the process and solutions with the Board and the Technical Team as required.

50. I am aware that design and construction solutions can affect BREEAM ratings, but I am not aware of the specific impacts of the solutions in this particular Project as I was not directly involved in the design and I am not an engineer.

51. I do not recall any instances of sustainability and energy targets being the main factor in any decisions.

Chilled beams

52. I have been asked to describe my involvement and understanding, if any, in the decision to use chilled beams. I have been asked why this decision was taken by whom; and what risk assessments, if any, were taken prior to making this decision. I have also been asked what was the impact, if any, of using chilled beams. I was not involved in the technical assessment nor decision making in relation to the use of chilled beams. The Board engaged with the designers (certainly Wallace Whittle) in relation to this topic, as is recorded in the Design Summary Document (**Bundle 43 Volume 2 Document 21 page 308**) and the M&E Clarification Log (**Bundle 16, Document No. 23, Page 166**) (please see paragraphs 64 – 69 below).

Specification for Environmental Data relating to Air Change Rates, Pressure Differentials and Filter Requirements

53. I have been asked who provided the specification for environmental data relating to air change rates, pressure differentials and filter requirements. If this is a reference to a specification in the ERs, then this was provided by Wallace Whittle.

HAI-SCRIBE Assessment

54. HAI-SCRIBE stands for Healthcare Associated Infection System for Controlling Risk in the Built Environment. It is a risk management tool used to identify and mitigate infection risks in healthcare facilities.

55. I have been asked who was responsible for HAI-SCRIBE assessment. The Board had infection control staff involved in HAI related activity. There was an Infection Prevention and Control (IPC) representative in the Project Team. I recall that Annette Rankin and Jackie Stewart were part of the Project Team and they were both involved in team meetings and activity.

Sealed Building Design

56. I have been asked about the decision to select a sealed building design. This is not something I had any direct involvement in and I was not involved in the decision- making to select a sealed building design as this was not part of mine nor Currie & Brown's role/remit. My general understanding at the time was that a sealed building design had been selected as it gave more environmental control over the building.

57. I have been asked to explain why I was not involved in the decision to select a sealed design given my role as coordinator of the Technical Review Group. As explained above, my role was merely to assist with project management of the Technical Review Group. I was not chair of the group and the decisions made by the group were the Board's to make. I am not an engineer or designer and therefore am not qualified to comment on technical matters relating to the design of the building. The decision to select a sealed building was considered by the

relevant Technical Team members and the NHS team with experience in that matter.

Intended Use and Purpose of the Various Wards

58. I have been asked to describe the intended use and purpose of a number of wards in the QEUH/RHC. I know that critical care is for patients who require specialist care and certain nursing ratios etc. I know that PICU stands for Paediatric Intensive Care Unit, and as such is a unit where children are treated. However, I was not aware of the particular ward designations and numbering.

59. I have been asked what guidance was considered in the design of these wards and what processes were in place to ensure guidance compliance. My understanding is that a combination of the user groups and the Board and their advisors considered the relevant guidance associated with Wards, however this is not something that I was involved in producing. My role was to include the output of that process in the ERs and ITPCD.

Competitive Dialogue Process - April 2009 – August 2009

60. The Competitive Dialogue process took place between April 2009 and August 2009. Competitive Dialogue is a procurement procedure which enabled NHS GGC to discuss options with bidders before awarding the contract. The Competitive Dialogue process is sometimes referred to as “talk then tender”. The purpose is to ensure that there is more clarity in the tender process.

61. Currie & Brown were responsible for the Project Management of the Competitive Dialogue. Currie & Brown’s role included management of Competitive Dialogue meetings, co-ordinating responses to the bidders’ clarifications and queries and tender evaluation. It was a complex and significant tender process.

62. My role in the Competitive Dialogue stage was to support the process and facilitate discussions between the Board and the bidders by issuing the agendas and recording the actions arising.

63. I was responsible for producing and maintaining the M&E Clarification Log and the overall Clarification Log. The M&E Clarification Log was used to track and manage queries and tasks related to the mechanical and electrical systems. The Clarification Log was used to track and manage queries and issues that arose during the design and procurement phases. It was used to ensure that all questions, clarifications and responses were systematically documented to avoid any miscommunication or delays.

Removal of the Maximum Temperature Variant

64. The Inquiry’s Questionnaire refers to a revision issued by NHS GGC, ‘NSGACL Removal of Maximum Temperature Variant_iss1_rev” (**Bundle 17, Document No.26, Page 1063**), on 8 June 2009 (after the ITPCD was issued in May 2009 and before Multiplex’s Tender Return Submission in September 2009).

65. I have been asked to describe my involvement and understanding, if any, in the removal of the maximum temperature variant. I do not recall this issue

specifically, nor the reason(s) for such a revision, however any revision required consideration and approval by the Board in order to be issued.

66. I have been asked to explain why I was not involved in the decision to remove the maximum temperature variant given my role as coordinator of the Technical Review Group. As explained above, my role was to assist with project management of the Technical Review Group. I was not chair of the group and the decisions made by the group were the Board's. I am not an engineer or designer and therefore am not qualified to comment on technical matters relating to the design of the building. The decision to remove the maximum temperature variant was considered by the relevant Technical Team members and the NHS team with experience in that matter.

September 2009 to October 2009 – Bid Evaluation

67. Between September 2009 and October 2009, Currie & Brown was responsible for managing the bid evaluation, as summarised in the table at paragraph 12 above.

68. The evaluation of bid submissions had a commercial workstream (assessing the financial and contractual aspects of the bids) and a technical workstream (assessing the design and logistics), to arrive at a score for each bidder from each workstream. From the technical evaluation there were a range of areas where bids scored higher or lower than each other. Multiplex scored well in the technical and logistics as I recall. The overall outcome of the bid evaluation process was reached through a pre- determined formula for both technical and price scoring on a weighted basis.

69. I was not involved in the actual scoring of the bids. My role involved facilitating this process and ensuring that the individuals in the Project Team and designers who were doing the scoring had the information that they required.

November 2009 to December 2009 – Clarifications

70. Once Multiplex was chosen as preferred bidder, Currie & Brown assisted the Board in closing out any remaining clarifications, collating technical schedules for the contract and finalising the target price adjustments as necessary.

71. All of Currie & Brown's Technical Team were still engaged at this point.

72. During the clarification process, I was responsible for the M&E Clarification Log. It was my job to record all of the Board's (including therefore their design advisors) comments on Multiplex's design, Multiplex's comments thereon, the Board's further comments and the agreed position.

Ventilation Derogation

73. I have been asked about the ventilation design strategy contained in the Contractor's Tender Return Submission (11 September 2009) (**Bundle 18 Volume 1, Document 8, Page 205**). I was generally aware of the content of the Contractor's Tender Return Submissions, but because my role and remit was in relation to project management and since I am not an engineer and not qualified to opine on the technicalities of the ventilation design strategy, I did not consider this from a technical perspective.

74. I am not technically qualified to comment on whether the design and/or specification of the ventilation system as recorded in the Building Contract, in particular in the M&E Clarification Log (**Bundle 16, Document No. 23, Page 166**), was compliant with NHS Guidance. In my role as project manager, my responsibility was to obtain feedback and comments from the reviewers/assessors and include them in the log (in this example, from Wallace Whittle).

75. I have been referred to the Design Summary document (**Bundle 43 Volume 2 Document 21 page 308**) I prepared this document, which is entitled 'NSGH – Contract Preparation Design Summary – [area]'. It records the Board's feedback on Multiplex's bid submission and shows the Board's comments and Multiplex's response.

76. In the 'Board Comment' section at page 4, it states: *"Ward Air change to be 6AC/HR, currently shown as 2.5AC/HR which is not in compliance with SHTM 03-01."*

77. I have been asked to explain what action I took following receipt of the above Board comment given my role as coordinator of the Technical Review Group. As explained above, my role was merely to assist with project management of the Technical Review Group. I was not chair of the group and the decisions made by the group were the Board's to make. My remit was to gather all feedback into one place so that it could be considered and addressed by the people with the relevant technical expertise and the appropriate authority to act. The Board's comment was incorporated into the log which identified the various matters under review and consideration by the Board and the Technical Team.

78. The status of this comment is recorded as, "Not Agreed" and under the ''Brookfield Comment' section at page 4 it states:

> *"Brookfield proposal as outlined within the bid submission is to incorporate chilled beams as a low energy solution to control the environment which do not rely on large volumes of treated air or variable natural ventilation. All accommodation is single bedrooms and therefore the need for dilution of airborne microbiological contamination should be reduced (rooms could also be at slightly negative pressure to corridor). Providing 6 air changes is energy intensive and not necessary."*

79. The document shows that on 9 December 2009, John Bushfield of Wallace Whittle responded to this comment in the far right-hand column of the document follows: "*This derogation to the SHTM is not accepted. Any variation would require Board clinical infection control review*."

80. My role was to make sure that anything relating to the M&E works which was or was perceived to be non-compliant with the ERs was captured within the M&E Clarification Log so that it could be reviewed by the Board and closed out.

81. I have been asked to explain the steps I took to bring this derogation to the attention of the Board. Brookfield's comment was incorporated into the log, which was the agreed method of recording all issues which were under review and consideration by the Board and the Technical Team. By also incorporating the comment made by John Bushfield of Wallace Whittle into the M&E Clarification Log, the issue was being further brought to the Board's attention. This is standard practice and was understood by all participants.

82. I recorded the outcome of the issue in relation to ward air change rates in the M&E Clarification Log.

83. So far as I am aware, the first time that this point in respect of ventilation was brought to my attention was when it was first noted for inclusion in the M&E Clarification Log.

84. I have been asked to explain what steps I took to bring the derogation to the attention of the Board, other than including it in the M&E Clarification Log. The logs were the agreed way to capture and share information which required consideration which was relevant to particular specialisms. It is standard practice to identify potential derogations when reviewing a bid submission and log those in a table. That is what took place here with the comments being added to the agreed log and being shared with the Board and Technical Team. Using an agreed log to capture and track the progression of issues avoided multiple channels of communication of such issues, and the associated risk that issues can be missed (e.g. multiple emails and conversations which are not recorded) or not fully closed out and was therefore the key step.

85. I have been asked how (given John Bushfield's comments) did this derogation come to be accepted. My involvement was in relation to the logs and upkeep of those in line with activity and outcomes. I do not recall the specifics of how the ventilation derogation came to be accepted, but all items on the M&E Clarification Log were shared with the Board for their review and action.

86. I have been asked when I first became aware of the ZBP Ventilation Strategy Paper said to be dated on or around 15 December 2009 (**Bundle 17, Document No.71, Page 2859**).

87. To the best of my recollection, this would have been on 15 December 2009 when I received a copy by email from Ross Ballingall of Multiplex (timed at 07:39) (**Bundle 17, Document No.70, Page 2855**). Ross Ballingall stated:

> "*Attached latest update of M&E Log. There are a couple of bits that I still need to get an answer on but thought I would issue anyway. I have also attached a paper by ZBP on the Wards Ventilation Strategy. They have discussed this with Stuart at WW who seems to support it."*

88. Ross Ballingall will have sent his email to me in order that I could share the documents attached to it with the Board. His email contained the Multiplex update of the M&E Clarification Log as well as the ZBP Ventilation Strategy Paper. I would share documents with people on the NHS GGC side, to bring them to the Project Team's attention. I presume that Ross Ballingall sent the ZBP Ventilation Strategy Paper to me for me share it with the Board and its advisors as necessary to ensure it could be reviewed and discussed.

89. The ZBP Ventilation Strategy Paper would not have been provided to me to consider from a technical perspective or for approval by Currie & Brown (because we were not qualified to do so), but to pass on for consideration by the Project Team and relevant advisors (in this case Wallace Whittle).

90. By an email dated 15 December 2009 (timed at 08:16) (**Bundle 17, Document No. 70, Page 2855**), I forwarded a copy of the email from Ross Ballingall (including the attached ZBP Ventilation Strategy Paper) to Karen Connelly of NHS GGC. The ZBP Ventilation Strategy Paper required to be read by the Board and, to the best of my recollection, Karen (who was often in the office early in the morning) assisted me by printing copies (as I did not have printer access to the NHS printers) for the Board and its advisors to review. As far as I recall there were meetings and discussions between the Board and advisors on various

M&E matters around that time and I think it is likely that I asked Karen to print copies of the ZBP Ventilation Strategy Paper for a meeting or discussion taking place later on 15 December 2009, although I do not recall such a meeting/discussion specifically.

91. It was not part of my remit to review the content of the ZBP Ventilation Strategy Paper from a technical perspective. It is likely that, upon receipt of the email from Ross Ballingall, I opened the document to ensure it was the correct attachment and had a cursory read to establish what steps needed to be taken and by whom. My role was to facilitate discussions with the required people (NHS GGC and the advisory team). I noted that technical advice regarding the ZBP Ventilation Strategy Paper was needed from Wallace Whittle in order for the Project Team to make a decision.

92. Therefore, on 15 December 2009 at 08:41, I emailed Stewart McKechnie of Wallace Whittle (**Bundle 17, Document No. 72, Page 2863)** attaching the ZBP Ventilation Strategy Paper and asked, "*If you can review and advise re ventilation + option choice on flow pipes (pros +cons of options and recommendation)"*.

93. By an email dated 15 December 2009 (timed at 10:04) (**Bundle 17, Document No.72, Page 2863**) Stewart McKechnie of Wallace Whittle commented as follows:

> *"On ventilation we see this as a sensible, practical solution and Energy efficient although it doesn't strictly comply with the SHTM, only further proviso is that the room should be kept at a neutral or slightly negative pressure as per the SHTM which needs to be incorporated in extract system sizing.*
>
> *On the water pipe resilience, which applies to all services from the Energy Centre, either solution technically satisfies the ER's the 100% solution probably easier to physically separate, proposals for which need to be signed off although maybe this falls into Design Development."*

94. As compliance with Scottish Health Technical Memoranda ("SHTMs") and Health Technical Memoranda ("HTMs") was a standing agenda item at the Technical Review Group meetings, I have been asked how I responded to being informed that the ventilation design did not "strictly comply" with the SHTM. The Technical Review Group met during the preparation of the ERs which were finalised prior to the issue of the Invitation to Participate in Competitive Dialogue (ITPCD) by the Board in around May 2009. The email dated 15 December 2009 was several months later, during the review of the bid submissions. I responded to Stewart McKechnie's comment in relation to compliance by including it in the log (which was standard practice and the agreed process). The log was being reviewed jointly by the Board and Wallace Whittle, so the correct parties - i.e. those with the relevant technical expertise and the appropriate authority to act - were addressing the matter.

95. I was not involved in the consideration of the ZBP Ventilation Strategy Paper from a technical perspective and I do not know the details of why Stewart McKechnie considered this to be a "sensible, practical solution" or what review he had carried out in order to arrive at that view.

96. I emailed Stewart McKechnie of Wallace Whittle on 16 December 2009 (at 08:51) (**Bundle 17, Document No.72, Page 2861**). The subject heading of my email was 'NHGS – Today' and my email stated as follows:

"Stewart,

Things for today:

1) *Review of BE M+E statements on the log to date.*
2) *Air Changes – WW to take Board through this + specific query = do we think SHTM 03-01 is driven by temperature of HAI for stated nr of air changes;*
3) *Water Storage – take Board through this + maybe table of volumes etc all in the same 'currency' – I.e. Notes going around discuss in m3and litres per person and per bed – some comfort/clarity on this needed;*

4) *Distribution Pipework – looks like 3 x 50per cent will be requested; Thanks,*

Mark"

97. As I was facilitating the process and flow of information and queries between the Board and its advisors, my email raised with Stewart the points that had been highlighted to me by the Board for support/input by Wallace Whittle. Although I do not remember precisely who highlighted these points and when the "specific query" as to "do we think SHTM 03-01 is driven by temperature of HAI for stated nr of air changes" was a query that had been raised by the Board.

98. Although I do not recall it specifically, a meeting must have taken place on 16 December 2009 or if not then, subsequently, where Wallace Whittle gave information and advice to the Board as requested. I say that a meeting must have taken place because this matter regarding ventilation was subsequently progressed, concluded, and closed out on the M&E Clarification Log, and the only way this issue could have been progressed was for the Board (supported by Wallace Whittle) to engage, the matter to be discussed and advice to be given and a decision be made by the Board.

99. I assume that the meeting would have been attended by the Project Team and Wallace Whittle and if it formed part of a wider meeting then others may have been present, however I cannot recall this specific meeting. My role was to focus on the process and keep the process moving.

100. An email from me to Stewart McKechnie of Wallace Whittle dated 16 December 2009 (timed at 18.44) (**Bundle 17, Document No.73, Page 2869**) states as follows:

"Think we have a way forward on this one, need a calculation carried out however tomorrow morning to prove our resolution. This involves litres per second, air changes etc. and therefore requires your technical input and illustration. Can we have support for half hour/hour in the morning please."

101. By this stage, the Board thought that it had “a way forward” but needed a calculation from Wallace Whittle to decide whether its proposed resolution was appropriate.

102. I had no knowledge of the specific detail of the resolution which was proposed and I cannot recall who proposed it. My email to Stewart McKechnie was to relay the Board’s request for his further input and to ask him whether he could be available to assist the Board.

103. Any calculations that might have been carried out in respect of the resolution would be a specific engineering issue which would not have been within my remit or knowledge.

104. My email to Stewart McKechnie of 16 December 2009 (timed at 18.44) (**Bundle 17, Document No.73, Page 2869**) asked, “*Can we have support for half hour/hour in the morning please.*” This was a reference to the Board requiring support/input from Wallace Whittle on 17 December 2009 and I was facilitating that.

105. I do not remember any meeting with Stewart McKechnie or anyone else on 17 December 2009. I may not have even attended the meeting, since I was not involved in the technical consideration of the ventilation strategy.

106. I have been asked if I had concerns at this point. To the best of my recollection, at this stage I think that I would have felt comfortable that the engineers with the relevant skills and experience in such matters (Wallace Whittle) were involved and engaged with the Project Team in seeking to reach a solution.

107. I had no real understanding at the time of which wards and rooms the proposal was intended to be applied to, other than that I was aware that it was related to areas with 6 air changes per hour. I did not know which specific wards or areas that applied to by name/designation. From my point of view, this was an issue that people with the appropriate skills and expertise were actively looking at.

108. The M&E Clarification Log was prepared (by myself) and shared with the Board for any decisions that were required (from a process perspective) and that is what occurred with regard to the air changes.

109. I do not know if any risk assessments were carried out in respect of the change in the ventilation strategy following the ZBP Ventilation Strategy Paper dated 15 December 2009, but I would not have been directly involved in this in any event.

110. If IPC involvement was needed in respect of this resolution, that would have been an issue for the Board. It was the Board's responsibility to bring in the relevant IPC people from the NHS GGC team and any specialists as required.

111. As discussed above, I was responsible for recording the agreed ventilation derogation in the M&E Clarification Log (**Bundle 16, Document No. 23, Page 1664**). My involvement was to make sure that the ventilation derogation issue was raised, concluded and recorded. I have been asked whether I had any concerns regarding the ventilation derogation. I did not have any concerns, since the derogation was raised and went through review and consultation with the Board and was recorded in the M&E Clarification Log. I do not know the specifics of how the agreed ventilation derogation was agreed by the Board internally.

112. I have been asked whether the fact that I was informed that the system as designed was not compliant raised any concerns with me. As I have stated above, the matter was highlighted appropriately (in the log used for that very purpose) and was thereby raised with the parties best placed and experienced to review and resolve.

113. I have been asked whether the ventilation derogation noted in the M&E Clarification Log was recorded in the Full Business Case. I do not know whether it was recorded in the Full Business Case.

Other Derogations

114. I have been informed that the Inquiry is aware of several departures from SHTM 03- 01 Guidance in relation to air change rates, pressure differentials and filtration requirements. I have also been informed that the Inquiry is also aware

of a variation to the primary extract arrangement for PPVL isolation rooms from that set out in SHPN 04 Supplement 01.

115. I have been asked whether Currie & Brown were aware at the time of these non-compliances and if so, to confirm how Currie & Brown communicated these non-compliances to the NHS GGC Project Team. I have also been asked what obligations, if any, did Currie & Brown have to report matters further if no action was taken by the NHS GGC Project Team.

116. It was not within mine or Currie & Brown's expertise or remit to advise on any departures from SHTM or SHPN guidance since this was a technical matter. My role was to record any derogations in the logs, which were shared with the Board, as described above.

December 2009 – Contract awarded to Multiplex

117. The Contract was awarded to Multiplex on 18 December 2009.

118. I had been dealing with Multiplex regularly since the bidder stage. I had day-to-day dealings with Ross Ballingall, who was Multiplex's Project Director, and also Paul Serkis (Commercial Director). I also had dealings with Tim Bicknell who had authority to agree contracts on behalf of Multiplex.

January 2010 - December 2010: Project Management Support

119. Following the award of the Contract to Multiplex, Currie & Brown's remit reduced in terms of time and input. The Board took on the role of Project Manager under the NEC3 Contract and the role of Supervisor under NEC3 was procured separately, leading to Capita being appointed. I had no real understanding of the rationale for this decision at the time. From January 2010, Currie & Brown was retained to provide project management and costs management input.

120. I have been asked what was the impact of the decision and whether, in hindsight, I think it was the correct decision. The impact of the decision was that the Board became the Project Manager and Currie & Brown gave support. I do not think that this decision was detrimental in any way. Given the passage of time, I do

not specifically recall how I became aware of this decision and Currie & Brown's change in role. I was not directly involved in the discussions about this; Douglas Ross dealt with this on behalf of Currie & Brown.

121. Having previously worked on the Project full time, from this point I worked on the Project two days a week.

122. The change in Currie & Brown's role from January 2010 was reflected in a revised fee proposal issued by Peter Moir of NHS GGC to Douglas Ross of Currie & Brown by letter dated 18 January 2010 (**Bundle 17, Document No.74, Page 2870** – the "Revised Fee Agreement"), which stated as follows:

"I refer to recent dialogue regarding fees for the next stages of the project and write to confirm the agreed fee envelope for the key stages as follows.

New Laboratory Project

The fee allocation for a period of 116 weeks commencing Tuesday 5th January 2010 are as follows:

Activity	***Fee Allowance***	***Remarks***
Project Management support	*£196,820*	*Based on input of 2 days (15hrs) per week by Mark Baird.*
Cost Management	*£287,100*	*Based on input of 2 cost managers <u>each</u> for 2days (15hrs) per week.*
Agreed Budget Total	*£483,720*	

New Adult & Children's Hospitals

The fee allocation for a period of 57 weeks commencing Tuesday 5th January 2010 are as follows:

Activity	***Fee Allowance***	***Remarks***
Conclusion of Contract	*£76,389*	*This work is complete.*
Project Management support	*£141,702*	*Based on input of 3 days (22 hours) per week by David Hall.*
Cost Management	*£254,790*	*Based on input of 2 costs managers each for 2days (15hrs) per week. In addition Input from Director at 2 days per week (15hrs).*

Project Management Support

The inputs by David Hall and Mark Baird will be developed over the next 2-3 weeks based on the attached schedule for both Design Development (Schedule A) and construction works on the Laboratory Project (Schedule B).

Costs Management

Inputs by the Costs Managers will generally follow the requirements listed in the attached Schedule C.

Delegation of Duties

As the Board are undertaking the role of Project Manager, we require to delegate a range of duties which will most likely mirror the attached schedules A-C. I propose that David and Mark meet with myself and Alan Seabourne to agree duties for both Project Manager and Cost Advisor, please let me know if you wish to undertake this task…"

123. I have been asked whether a meeting between Peter Moir, Alan Seabourne, David Hall and myself to agree a finalised schedule of duties ever took place and if not, why not. I do not recall a meeting, however the Board's expected duties of me were two days a week of my time, which is what I provided from January 2010 onwards. I have been asked whether a finalised schedule of duties for Currie & Brown was prepared and signed and if not, why not, but I do not recall if a finalised schedule was prepared and signed or not.

124. The Revised Fee Agreement was later accepted by letter from Douglas Ross dated 26 February 2010 (**Bundle 17, Document No.39, Page 1903**).

125. From around this point, Currie & Brown stood down its Technical Team.

126. Multiplex engaged its own technical team. I am informed that the Inquiry's understanding is that, "*At some point during the design and construction phase, Multiplex decided to directly engage Wallace Whittle as part of its own technical team and so Wallace Whittle was involved in the hospital project in two separate capacities.*" I was not involved in Multiplex's appointment of Wallace Whittle and cannot comment on this.

127. As mentioned in paragraph 15 above, in 2008 NHS GGC had issued Currie & Brown with a Memorandum of Understanding. I dealt with the original Memorandum of Understanding in liaison with Peter Moir of NHS GGC and I recall that the process of finalising and signing the contract was delayed by normal contractual negotiations and discussions regarding liabilities etc.

128. The Memorandum of Understanding was the original appointment which was superseded by the exchange of letters between Peter Moir and Douglas Ross referred to above. I have been asked why Currie & Brown signed the Memorandum of Understanding given that it did not reflect the service variations agreed in 2010. The Memorandum of Understanding addressed the activity carried by Currie & Brown from 2008 until the Revised Fee Agreement and required to be agreed and signed. I was not involved in the Revised Fee Agreement as that was dealt with by Douglas Ross as far as I recall.

129. From January 2010 to the end of 2010, I was involved in providing project management support to the Board.

Room Data Sheets

130. Room Data Sheets ("RDS") are detailed documents which specify the requirements for each room or space within the hospital, to ensure that design and construction aligns with clinical needs, operational efficiency etc.

131. Room Data Sheets were developed at some point during the one-year design development phase between January and December 2010. The development of RDS was led by Nightingale architects. I had some interaction with the process during that phase, supporting information requests and the like by Nightingale to allow the RDS to be developed and prepared for reviews. I was not involved in the actual review and sign-off of RDS.

Full Business Case Approval

132. Full Business Case ("FBC") approval took place between November and December 2010. The Full Business Case is a Scottish Government requirement, and a 'gateway' to a project moving to the next phase (in this regard allowing the Instruction to Proceed to be issued to Multiplex). The FBC process was not unique to the Project, it is a Scottish Government requirement.

133. I was involved in supporting the Board in preparing for the FBC, gathering the relevant documents and other information required by the FBC. As far as I can recall, Heather Griffin, the Adult Hospital Project Manager, was leading on this and I provided some assistance as noted above. The Board achieved Full Business Case approval from the Scottish Government in December 2010 and issued Multiplex with an Instruction to Proceed, authorising them to commence construction of the Hospitals under Stages 2 and 3A of the Contract. All clarification logs were concluded at that juncture, the contract price agreed, and the contract finalised. As such, there was no further input required from me and I left the Project at that point.

Other Matters

134. The Inquiry's Questionnaire poses a number of questions (questions 28, 31, 32, and 39 - 56) relating to matters which post-date my involvement in the Project (which was between September 2008 and December 2010) and which I am therefore unable to answer.

135. There are a number of questions where it is not entirely clear to me whether they concern the period September 2008 to December 2010 and I address these questions below.

136. Question 29 asks me to describe how the technical requirements (air change rates, pressure differentials and filter requirements) for the rooms were managed and approved, including my role and involvement. There were technical matters which were addressed through the logs during the one-year design development process (as noted above). If aspects of this question also relate to approval of the technical requirements by Capita after my involvement in the Project had ended, I am not able to comment in that regard. If I have misunderstood what is being asked, however, I would of course be happy to reconsider this question.

137. Question 30 appears to be primarily concerned with commissioning, which postdates my involvement in the Project. However, question 30(a) asks me to describe the intended use, purpose and specification of a number of wards (Ward 4B-QEUH; Ward 4C-QEUH: Level 5-QEUH: Critical Care-QEUH
Ward 2A & 2B – RHC; PICU RHC – RHC; all Isolation rooms). I have described my understanding at paragraph 48 above. Question 30(b) asks what were the specifications of these wards. As mentioned at paragraph 48, I was not aware of the particular ward designations and numbering. Question 30(c) asks what guidance was considered in the design of these wards and what processes were in place to ensure guidance compliance. The guidance which was required to be considered by Multiplex was set out in the ERs. In terms of compliance with that guidance, during the period September 2008 to December 2010, any actual or perceived non-compliances were recorded in the logs, as described above. If

this question relates to Capita's appointment as NEC3 Supervisor, then this post-dates my involvement in the Project.

138. I am similarly unable to answer question 30(d), which asks, "Were there any changes to the design during the design and build, if so, please describe any such changes, describe the impact, if any, on guidance compliance as set out in Appendix 3, and describe the sign off process for any such changes your involvement and how any changes were communicated to the Board. Was external advice ever sought in respect of design changes?" There were changes to and development of the design during my involvement in the Project, which were recorded in the logs. I note, however, that question 30(d) refers to Appendix 3 of a document entitled 'NHS GGC High Level Information Pack – Supervisor Role' (**Bundle 17, Document No.75, Page 2881**) (the "HLIP"). I note that the HLIP relates to the procurement of the services of the Supervisor i.e. Capita.

139. Question 33 concerns Ward 2A/ 2B RHC. I am informed that the Inquiry understands that Ward 2A/2B is the paediatric-oncology Unit and includes the Teenage Cancer Trust and the paediatric Bone Marrow Transplant (BMT) Unit - the department is known as the Schiehallion Unit. Question 33(a) asks me to confirm my understanding regarding the intended use and purpose of the Ward 2A/2B. I am not aware of the specific ward numbering or designations but do remember the term Schiehallion being mentioned (as it is quite a unique name/title).

140. Question 33(a) also asks what guidance was considered in the design of Ward 2A/2B RHC and what processes Currie & Brown put in place to ensure guidance compliance. As noted above, I am not aware of the specific ward numbering nor designations. Ensuring design compliance was not Currie & Brown's role and was not within my remit or expertise.

141. Question 33(b) asks what changes, if any, were made to the design of Ward 2A/2B RHC during construction. I was no longer involved in the Project once construction commenced and I am therefore unable to answer this question.

142. Question 33(c) asks me to describe the IPC involvement in the design of Wards 2A and 2B, who was involved and who signed off the final design and when. I am not aware of the details of such specific involvement, nor who signed off the final design or when. I had no role in design review and sign-off and my involvement in Project came to an end in December 2010.

143. I have been asked what concerns, if any, I had regarding the final design specification of Wards 2A and 2B (question 33(d)). I did not know the final design specifications of Wards 2A and 2B. I was not involved in design review and signoff and my involvement in Project came to an end in December 2010.

144. Question 33(g) asks about my understanding of the requisite air change rate required in accordance with SHTM guidance in respect of Ward 2A and 2B. I am also asked whether this air change rate was achieved and who signed this off if it was not. I am also asked what risk assessments were considered in respect of this decision. I have no knowledge of these specific matters in relation to Wards 2A and 2B. These are technical matters which I was not involved in and which were outside my remit and Currie & Brown's remit.

145. Questions 34 to 38 concern Isolation Rooms. Question 34 asks me to describe how the number and location of the isolation rooms was agreed and who approved the final number and locations in the QEUH and RHC. I do not know how the number and location of the isolation rooms was agreed or who approved this.

146. Question 35 asks who was responsible for producing the drawings and the specification for isolation rooms and who approved these from the NHS GGC Project Team. Multiplex were responsible for producing the drawings and I am not aware of who approved them from the NHS GGC Project Team. I left the Project in December 2010.

147. Question 36 asks what concerns, if any, did I have regarding isolation rooms and compliance with SHTM/HTM. While I was involved in the Project, my role was to

make sure that issues raised and logged were being addressed and assessed by the Board with support from designers (individuals and organisations with the relevant skills and experience) as necessary.

148. I understand that the Inquiry has reviewed the RDS in excel format and has noted that there is an entry under 'Design Notes' relating to Ward 2A isolation rooms which states: "*WARNING NOTICE: This room is based on a theoretical design model; which has not been validated (see paragraph 1.8 of HBN 4 Supplement 1). Specialist advice should be sought on its design. The lamp repeat call from the bedroom is situated over the door outside the room.*" Question 37(a) asks whether this note was entered on the RDS and if so, why and by whom. I do not know whether this note was entered on the RDS because I was not involved in the review of RDS. I do not recall having seen this note before.

149. Question 37(b) asks what specialist advice was sought relating to the design of these rooms and question 37(c) asks what was the final agreed design for isolation rooms and who approved this. I am not aware of the specifics of the final design and agreement for the rooms as I was not involved in the technical design. I left the Project in December 2010.

150. Question 38 asks why the main extract was placed in the patient's bedroom and not the ensuite as outlined in SHPN 04 Supplement 01, and who from the NHS GGC Project Team requested and approved this change. However, I was not involved in the technical design and so I do not know this. Furthermore, my involvement in the Project ended in December 2010.

Declaration

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed: 

……

Date: 14 April 2025 Name: Mark Baird

The witness was provided with the following Scottish Hospital Inquiry documents for reference when they completed their questionnaire statement.

Appendix A

A47851278 - Scottish Hospitals Inquiry - Hearing Commencing 19 August 2024 - Bundle 16 - Ventilation PPP (External Version)

A49342285 - Scottish Hospitals Inquiry - Hearing Commencing 19 August 2024 - Bundle 17 - Procurement History and Building Contract PPP (External Version)

A48235836 - Scottish Hospitals Inquiry - Hearing Commencing 19 August 2024 - Bundle 18 - Documents referred to in the expert report of Dr J.T. Walker - Volume 1 (of 2) - External Version

A48743262 - Scottish Hospitals Inquiry- Hearing Commencing 13th May 2025 -Bundle 43 Volume 2-

Procurement Contract Design and Construction Miscellaneous documents – External Version

The witness provided the following documents to the Scottish Hospital Inquiry for reference when they completed their questionnaire statement.

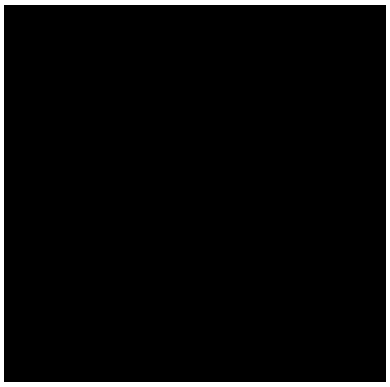
Appendix B

N/A

Appendix C

CV - EXHIBIT SHEET

This is exhibit MB1 referred to in the witness statement of Mark Baird



MARK BAIRD

BSc (Hons), LL.M, MRICS

Director

EXPERIENCE

Tribe Infrastructure (July 2024 – Present)

Lead advisor and financial advisor to a UAE government entity in relation to critical infrastructure. Working with a multi-discipline team (Financial advisor, Legal advisor, and Technical advisor) representing the procurer as lead advisor.

Currie & Brown (1996 – June 2024)

This period included a strong track record in developing strategic client relationships and business development across many sectors. Additionally, this included range of cross- industry experience in supporting the public sector in the development of procurement programmes and in establishing and implementing governance and policy requirements. Mark is experienced in infrastructure and procurement planning and

delivery in both capital works and asset/facilities management settings. Mark has delivered major infrastructure and policy initiatives in the Middle East, and Europe, including a range of PFI/PPP transactions for both public and private sector clients.

ROLES AND REMITS

Mark has carried out a range of activity, acting for the public sector, private sector, and in independent roles across a range of sectors, including healthcare, education, infrastructure, and finance.

Role and remits have included:

- Quantity surveying
- Project management
- Facilities management

KEY ACTIVITY

- Governance protocols and executive liaison
- Stakeholder management and engagement
- Setting strategy and team leadership
- Procurement planning and programmes
- Delivering major projects and initiatives
- Operational planning
- Business change and transition

KEY SKILLS

- Stakeholder liaison
- Contracts and commercial
- PPP/PFI
- Asset/facilities management

QUALIFICATIONS

- Glasgow Caledonian University BSc (Hons) in Quantity Surveying
- Strathclyde University Master of Laws (LL.M in Construction Law)

PROFESSIONAL MEMBERSHIPS

- Member of the Royal Institution of Chartered Surveyors (MRICS)